



**City
of
Milwaukee**

Employment Application for **Dietetic Technician, Bilingual**

Department of Employee Relations
City Hall, Room 706
200 East Wells Street
Milwaukee WI 53202-3554
414-286-3751
TTD 414-286-2960
www.milwaukee.gov/der

INSTRUCTIONS TO APPLICANT. Please:

1. Use a typewriter or PRINT answers in black ink (for copying purposes).
2. Answer all questions in UNSHADED areas. Credit may NOT be given for incomplete information. Leave SHADED areas BLANK.

3. Print your Last Name in the left margin.
4. DATE and SIGN on page 2.
5. Keep a copy of completed application materials for your files.

			<div>Do you currently live in the City of Milwaukee? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div>If yes, when did you become a resident? (month/year) _____</div><div>NOTE: City employees must live in the City. Residency proof will be required at the time of hire or within six months.</div><div>List any other names by which you have been known on official records: _____</div></div>				
Last Name		First	Middle Initial				
Address			Apt. #				
City		State	Zip Code				
Day phone: ()		-					
Evening phone: ()		-					
Email Address: _____							
Social Security Number - -							
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18, how old are you? _____ years months							
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees: _____							
List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for: _____							
TYPE		NUMBER (if any)		TYPE		NUMBER (if any)	
MILITARY SERVICE * Read carefully if you may be eligible for veteran's preference points. *							
Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. You MUST include with this application, a PHOTOCOPY of your discharge document(s) (e.g. DD214) showing (1) date of entry, (2) date of discharge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS. For further information please see the back page of the application.							
<u>Military Status</u> <div><input type="checkbox"/> Enlisted, drafted or commissioned--active duty <input type="checkbox"/> Enlisted or commissioned reserve or National Guard service --active duty for training only</div> <div>Date Entered Active Duty: _____</div> <div>Date Terminated Active Duty: _____</div> <div>If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unmarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.</div>				<u>Period of Service</u> <div><input type="checkbox"/> August 27, 1940-July 25, 1947 <input type="checkbox"/> June 27, 1950-January 31, 1955 <input type="checkbox"/> August 5, 1964-January 1, 1977 <input type="checkbox"/> Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined) <input type="checkbox"/> Afghanistan War (September 11, 2001 to date to be determined) <input type="checkbox"/> Called to active duty in 1961 by Executive Order No. 10957 <input type="checkbox"/> Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal</div> <div>Date: _____</div> <div>Location: _____</div>			

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

LAST NAME

EXAM#06-070

EMPLOYMENT INFORMATION

Are you legally authorized to work permanently for any employer within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
There may be a possibility of employment with other organizations. If so, may we refer your name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):			
If you are <input type="checkbox"/> PRESENTLY or were <input type="checkbox"/> PREVIOUSLY employed by the City of Milwaukee, list the following:			
POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)
If you have ever been convicted of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTHDATE ON PAGE 10. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY. Use separate sheet if necessary:			
DATE	LOCATION	COURT	DISPOSITION OF CASE
NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.			

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions up to this point and throughout the remainder of this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ **DATE:** _____

PLEASE READ BEFORE COMPLETING THIS APPLICATION:

*We recognize this application may take some time to complete, but it is a required part of the selection process. Only the best-qualified candidates will be given further consideration. Because we must base comparisons on similar and job-related information, all candidates will be evaluated from their completed responses to the information requested on this questionnaire. **If you attach a resume, do not write "see resume" in the blanks provided. The information on the resume will not be substituted for any of the information requested to be complete on this questionnaire.** It is in your own best interest to include complete and accurate responses to all the information requests. If you need more space, attach additional pages using the same format. Any information you give may be checked for accuracy.*

I. Education and Training

NOTE: A transcript of all relevant coursework and documentation of any job-related certifications must be submitted with application.

Circle the highest grade completed in High School: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? ☐ Yes ☐ No If Yes, Name and Location of High School _____

Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No

A. Do you hold an Associate's Degree now? ☐ Yes ☐ No If no, have you earned undergraduate credits? ☐ Yes ☐ No
Number of credits _____

Major: _____ Minor: _____

College or University: _____ Date: _____

B. Do you hold a Bachelor's Degree now? ☐ Yes ☐ No If no, have you earned undergraduate credits? ☐ Yes ☐ No
Number of credits _____

Major: _____ Minor: _____

College or University: _____ Date: _____

C. Do you hold a Master's Degree now? ☐ Yes ☐ No If no, have you earned post-graduate credits? ☐ Yes ☐ No
Number of credits _____

Major: _____ Minor: _____

College or University: _____ Date: _____

D. Please describe any other education, training or professional seminars you have successfully completed that may relate to this position. (Be sure to include name of institution and dates.)

II. Licenses, Certifications, and Professional Affiliations:

A. Are you currently registered by the American Dietetic Association (ADA) as a Dietetic Technician? ☐ Yes ☐ No
If yes, what is your ADA Registration Number? _____

B. Do you hold an American Dietetic Association (ADA) Certified Dietetic Technician Degree? ☐ Yes ☐ No

C. Do you have a valid Wisconsin Driver's License? ☐ Yes ☐ No / License # _____

D. Do you have a properly insured vehicle for use on the job? ☐ Yes ☐ No

E. Please list any additional certification(s), you have received that you feel may be related to this position and date(s) obtained: 1) _____ Date: _____ 2) _____ Date: _____

F. Are you now, or have you been, a member of any professional organization(s) relating to this field?

III. Work Experience

NOTE: List your previous work experience. **Treat each change of job title as a new entry.** Begin with your present position and work back. (If necessary, attach additional sheets using the same format.)

A. Present (or Most Recent) Employer:

1. Title _____ From (Month/Year) __/__/__ To (Month/Year) __/__/__
2. Employer _____ Full-time ☐ / Part-time ☐ (# of hours: _____)
3. Address _____
4. City _____ State _____ Zip Code _____
5. Supervisor's Name and Title _____
6. Briefly describe the duties and responsibilities associated with this position. Indicate the percentage of time you spent in each area, and document specific supervisory responsibilities associated with it. (Percentages should add up to 100%.)

____% _____
____% _____
____% _____
____% _____
____% _____
____% _____

B. Previous Employer:

1. Title _____ From (Month/Year) __/__/__ To (Month/Year) __/__/__
2. Employer _____ Full-time ☐ / Part-time ☐ (# of hours: _____)
3. Address _____
4. City _____ State _____ Zip Code _____
5. Supervisor's Name and Title _____
6. Briefly describe the duties and responsibilities associated with this position. Indicate the percentage of time you spent in each area, and document specific supervisory responsibilities associated with it. (Percentages should add up to 100%.)

____% _____
____% _____
____% _____
____% _____
____% _____
____% _____

C. Previous Employer:

1. Title _____ From (Month/Year) __/__/__ To (Month/Year) __/__/__
2. Employer _____ Full-time ☐ / Part-time ☐ (# of hours: _____)
3. Address _____
4. City _____ State _____ Zip Code _____
5. Supervisor's Name and Title _____
6. Briefly describe the duties and responsibilities associated with this position. Indicate the percentage of time you spent in each area, and document specific supervisory responsibilities associated with it. (Percentages should add up to 100%.)
 _____% _____
 _____% _____
 _____% _____
 _____% _____
 _____% _____
 _____% _____

IV. Describe your training and experience.

Please describe your specific experience and accomplishments in each of the following areas, including extent of involvement, level of responsibility and frequency. For each answer, please identify the employer where this experience was gained. Attach additional pages if more space is needed.

1. Are you able to speak both English and Spanish fluently? ☐ Yes ☐ No
2. Are you able to write in both English and Spanish fluently? ☐ Yes ☐ No
3. Describe how you have used your bilingual skills in a work environment: _____

4. Have you interacted with a diverse group of individuals in a wide range of job levels, both inside and outside of your organization?

5. Describe your experience assessing client needs and advising them on a course of action:

6. Have you experienced working within these types of environments? Describe your experience.

a) A changeable work schedule: _____

b) A noisy, fast-paced setting: _____

c) A participative team environment: _____

7. If you have conducted group presentations, describe your experience below: _____

V. Computer experience

Assess your level of expertise with the following computer software applications, and indicate your level below:

	No Familiarity	Basic	Intermediate	Advanced
Microsoft Office Suite:				
♦ Microsoft Access				
♦ Microsoft Excel				
♦ Microsoft Word				
♦ Microsoft PowerPoint				
♦ Other: _____				
♦ Other: _____				

1. Summarize your experience preparing correspondence and other documents: _____

2. Summarize your experience updating and maintaining files and databases: _____

VI. Other.

Describe any other training and experience you have had that would qualify you for this position, if you have not provided the information elsewhere on this form.

[illegible]

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

_____ A signer
_____ A reader
_____ Extra time
_____ Other (Please describe) _____

Comments:

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION

APPLICANT'S NAME _____ DATE _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. **THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- ☐ I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- ☐ I am the unremarried spouse of a veteran who died of a service-connected disability.
- ☐ I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- ☐ Enlisted, drafted or commissioned--active duty
- ☐ Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? ☐ YES ☐ NO

Spouse's Period of Service

- ☐ August 27, 1940 - July 25, 1947
- ☐ June 27, 1950 - January 31, 1955
- ☐ August 5, 1964 - January 1, 1977
- ☐ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined)
- ☐ Afghanistan War (September 11, 2001 to date to be determined)
- ☐ Called to active duty in 1961 by Executive Order No. 10957
- ☐ Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia Service Medal

Date: _____

Location: _____

